

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: ID
APPLICATION YEAR: 2008

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FORM 2
MCH BUDGET DETAILS FOR FY 2008

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: ID

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 1,011,951 (30 %)

B.Children with special health care needs:

\$ 1,416,012 (41.98 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 306,652 (9.09 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 3,373,169

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 2,150,381

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 379,496

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 2,141,219

\$ 2,529,877

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 5,903,046

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 21,840,070

h. AIDS: \$ 3,412,600

i. CDC: \$ 5,813,800

j. Education: \$ 0

k. Other: \$ 0

\$ 0

\$ 0

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 31,066,470

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 36,969,516

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

- 1. **Section Number:** Main
Field Name: FedAlloc_Admin
Row Name: Federal Allocation - Title V Administrative costs
Column Name:
Year: 2008
Field Note:
Decreased administrative costs due to changes in where personnel time is charged.

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: ID

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 3,381,284	\$ 2,666,211	\$ 3,373,876	\$ 3,612,848	\$ 3,387,761	\$ 3,362,496
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 2,535,963	\$ 600,250	\$ 1,830,000	\$ 1,805,000	\$ 1,000,000	\$ 1,952,561
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 1,399,409	\$ 700,407	\$ 904,636	\$ 1,540,821	\$ 569,311
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 160,000	\$ 0	\$ 195,000	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 6,077,247	\$ 4,665,870	\$ 6,099,283	\$ 6,322,484	\$ 5,928,582	\$ 5,884,368
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 25,415,660	\$ 23,590,372	\$ 30,060,000	\$ 28,787,067	\$ 26,883,255	\$ 30,003,702
9. Total <i>(Line11, Form 2)</i>	\$ 31,492,907	\$ 28,256,242	\$ 36,159,283	\$ 35,109,551	\$ 32,811,837	\$ 35,888,070
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: ID

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 3,373,170	\$ 2,946,452	\$ 3,373,170	\$ 0	\$ 3,373,169	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,800,000	\$ 2,150,382	\$ 2,097,900	\$ 0	\$ 2,150,381	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 729,878	\$ 59,458	\$ 444,728	\$ 0	\$ 379,496	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 5,903,048	\$ 5,156,292	\$ 5,915,798	\$ 0	\$ 5,903,046	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 29,753,034	\$ 28,702,858	\$ 27,548,666	\$ 0	\$ 31,066,470	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 35,656,082	\$ 33,859,150	\$ 33,464,464	\$ 0	\$ 36,969,516	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2006
Field Note:
Savings in administrative costs due to staff turnover and salary savings as well as restructuring.
2. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2005
Field Note:
Spending is right at 10%.
3. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2006
Field Note:
Increased state general funds appropriations to the immunization program for new vaccines.
4. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2005
Field Note:
The state match came in higher due to increased immunization district billings.
5. **Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2006
Field Note:
There was a greater percentage of state general funds due to approval of new vaccines for the state universal VFC program.
6. **Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2005
Field Note:
Local match was half of projected due to
7. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2005
Field Note:
Other federal funding sources such as WIC came in higher than projected.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: ID

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 298,646	\$ 251,509	\$ 226,154	\$ 282,368	\$ 436,249	\$ 367,331
b. Infants < 1 year old	\$ 1,083,613	\$ 531,683	\$ 1,371,204	\$ 1,467,855	\$ 1,090,307	\$ 1,443,244
c. Children 1 to 22 years old	\$ 1,931,603	\$ 1,152,946	\$ 2,026,582	\$ 2,121,058	\$ 1,953,696	\$ 2,222,920
d. Children with Special Healthcare Needs	\$ 2,115,128	\$ 2,155,602	\$ 1,751,236	\$ 1,797,530	\$ 1,540,665	\$ 1,212,485
e. Others	\$ 310,129	\$ 274,462	\$ 386,719	\$ 317,959	\$ 568,889	\$ 320,811
f. Administration	\$ 338,128	\$ 299,668	\$ 337,388	\$ 335,714	\$ 338,776	\$ 317,577
g. SUBTOTAL	\$ 6,077,247	\$ 4,665,870	\$ 6,099,283	\$ 6,322,484	\$ 5,928,582	\$ 5,884,368
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 18,357,000		\$ 22,239,500		\$ 17,744,363	
h. AIDS	\$ 1,987,000		\$ 2,417,700		\$ 2,081,601	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
ACF - TANF	\$ 0		\$ 0		\$ 1,100,000	
CDC - Immunization	\$ 3,261,000		\$ 0		\$ 1,767,802	
CDC - STD	\$ 0		\$ 0		\$ 431,229	
CDC - WHC	\$ 0		\$ 0		\$ 2,244,190	
PHS - Title X	\$ 0		\$ 0		\$ 1,514,070	
CDC Immunization	\$ 0		\$ 3,443,600		\$ 0	
CDC STD	\$ 0		\$ 307,100		\$ 0	
Title X	\$ 1,420,660		\$ 1,652,100		\$ 0	
CDC - STD	\$ 390,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 25,415,660		\$ 30,060,000		\$ 26,883,255	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: ID

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 381,837	\$ 315,162	\$ 381,837	\$ 0	\$ 309,390	\$ 0
b. Infants < 1 year old	\$ 1,421,096	\$ 1,228,813	\$ 1,427,557	\$ 0	\$ 1,588,918	\$ 0
c. Children 1 to 22 years old	\$ 2,044,780	\$ 1,952,531	\$ 2,027,431	\$ 0	\$ 2,126,467	\$ 0
d. Children with Special Healthcare Needs	\$ 1,422,657	\$ 1,066,417	\$ 1,446,295	\$ 0	\$ 1,416,012	\$ 0
e. Others	\$ 295,361	\$ 245,922	\$ 295,361	\$ 0	\$ 155,607	\$ 0
f. Administration	\$ 337,317	\$ 347,447	\$ 337,317	\$ 0	\$ 306,652	\$ 0
g. SUBTOTAL	\$ 5,903,048	\$ 5,156,292	\$ 5,915,798	\$ 0	\$ 5,903,046	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 21,244,235		\$ 21,244,235		\$ 21,840,070	
h. AIDS	\$ 1,888,722		\$ 1,861,210		\$ 3,412,600	
i. CDC	\$ 0		\$ 4,443,221		\$ 5,813,800	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
ACF - TANF	\$ 1,400,000		\$ 0		\$ 0	
CDC - Immunization	\$ 1,638,571		\$ 0		\$ 0	
CDC - STD	\$ 428,685		\$ 0		\$ 0	
CDC - WHC	\$ 1,523,132		\$ 0		\$ 0	
PHS - Title X	\$ 1,629,689		\$ 0		\$ 0	
III. SUBTOTAL	\$ 29,753,034		\$ 27,548,666		\$ 31,066,470	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2006
Field Note:
The reproductive health program went through a complet personnel turnover during the past year. Contracts were late getting out which resulted in some months at the end of the federal fiscal year where there were no billings from the districts.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2006
Field Note:
Changes with in the CSHP and Immunization program have resulted in extended transition period.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2006
Field Note:
Changes with Bureau personnel have resulted in an extended transition. Reproductive health inparticular experienced changes -- combining of programs and two managers within a year.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.
7. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2006
Field Note:
Improved case management resulted in improved health and fewer high cost interventions.
8. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period. Billing issues have been resolved which should improve budget management.
9. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2006
Field Note:
More pregnant women were served proportionally than anticipated when compared to women over the age of 22 (other category) in the reproductive health program.
10. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: ID

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,738,185	\$ 2,737,478	\$ 2,347,051	\$ 2,475,768	\$ 2,837,651	\$ 1,845,726
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 48,000	\$ 27,726	\$ 41,136	\$ 26,562	\$ 1,887,000	\$ 32,529
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,532,534	\$ 1,236,702	\$ 3,134,833	\$ 3,064,707	\$ 362,000	\$ 3,061,537
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 758,528	\$ 663,964	\$ 576,263	\$ 755,447	\$ 841,931	\$ 944,576
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 6,077,247	\$ 4,665,870	\$ 6,099,283	\$ 6,322,484	\$ 5,928,582	\$ 5,884,368

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: ID

TYPE OF SERVICE	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,026,502	\$ 1,533,194	\$ 2,009,502	\$ 0	\$ 1,664,893	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 53,000	\$ 31,092	\$ 64,112	\$ 0	\$ 49,630	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,881,878	\$ 2,712,722	\$ 2,918,928	\$ 0	\$ 3,337,922	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 941,668	\$ 879,284	\$ 923,256	\$ 0	\$ 850,601	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 5,903,048	\$ 5,156,292	\$ 5,915,798	\$ 0	\$ 5,903,046	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2006
Field Note:
Improved case management resulted in fewer high cost intervention.
2. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.
3. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2006
Field Note:
The Idaho Careline comprises the majority of block grant expenditures in the enabling services category. Careline's budget is set up on a cost allocation plan based on usage. The anticipated usage for FFY 2004 was greater than actual and this accounts for lower spending in this category compared to the budgeted amount.
4. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.
5. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.
6. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2005
Field Note:
Change in MCH director and changes with in the Bureau have resulted in an extended transition period.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: ID

Total Births by Occurrence: 23,719

Reporting Year: 2006

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	23,534	99.2	7	3	3	100
Congenital Hypothyroidism	23,534	99.2	198	10	10	100
Galactosemia	23,534	99.2	7	1	1	100
Sickle Cell Disease	23,534	99.2	0	0	0	

Other Screening (Specify)

Biotinidase Deficiency	23,534	99.2	4	2	2	100
Congenital Adrenal Hyperplasia (CAH)	23,534	99.2	72	1	1	100
Maple Syrup Urine Disease (MSUD)	23,534	99.2	14	1	1	100
Medium Chain AcylCo-A Dehydrogenase (MCAD)	23,534	99.2	2	2	2	100

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Main
 Field Name: SickCellDisease_Confirmed
 Row Name: SickCellDisease
 Column Name: Confirmed Cases
 Year: 2008
 Field Note:
 No positives, presumptive or otherwise.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: ID

Reporting Year: 2006

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	2,043	79.0		9.0	12.0	
Infants < 1 year old	23,719	30.0		60.0	10.0	
Children 1 to 22 years old	84,776	40.0		5.0	55.0	
Children with Special Healthcare Needs	201	7.0		23.0	70.0	
Others	30,266	20.0		10.0	70.0	
TOTAL	141,005					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: ID

Reporting Year: 2006

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	23,719	21,313	96	331	297	0	309	1,373
Title V Served	23,245	20,887	94	324	291	0	303	1,346
Eligible for Title XIX	7,116	6,394	29	99	89	0	93	412
INFANTS								
Total Infants in State	22,047	21,230	202	383	232	0	0	0
Title V Served	21,400	20,805	198	375	22	0	0	0
Eligible for Title XIX	6,615	6,369	61	115	70	0	0	0

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	19,904	3,703	112	0	0	0	0	3,703
Title V Served	19,506	3,629	110	0	0	0	0	3,629
Eligible for Title XIX	5,971	1,111	34	0	0	0	0	1,111
INFANTS								
Total Infants in State	19,052	2,995	0	0	0	0	0	2,995
Title V Served	18,671	2,935	0	0	0	0	0	2,935
Eligible for Title XIX	5,716	899	0	0	0	0	0	899

FORM NOTES FOR FORM 8

Subcategories of Hispanic ethnicity not collected.

FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Asian
Row Name: Total Deliveries in State
Column Name: Asian
Year: 2008
Field Note:
Includes Native Hawaiian or Other Pacific Islander
2. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Hawaiian
Row Name: Total Deliveries in State
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2008
Field Note:
Included in Asian
3. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2008
Field Note:
Not available while entering others, 0 entered so page would save and not require reentering
4. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Asian
Row Name: Title V Served
Column Name: Asian
Year: 2008
Field Note:
Includes Native Hawaiian/ Other Pacific Islander
5. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Hawaiian
Row Name: Title V Served
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2008
Field Note:
Included in Asian
6. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2008
Field Note:
The method by which the number of title XIX served is multiplying the total number by .3. Approximately 30% of births are paid for by Medicaid.
7. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Asian
Row Name: Eligible for Title XIX
Column Name: Asian
Year: 2008
Field Note:
Includes Native Hawaiian/ Other Pacific Islander
8. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2008
Field Note:
Included in Asian
9. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2008
Field Note:
Estimate uses 2005 population as 2006 population by race/age/ethnicity not available at this time. Some other fields are using birth deliveries in 2006 as an estimate for the population total.
Corresponds to Form 21 HSI 06A
10. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_Asian
Row Name: Total Infants in State
Column Name: Asian
Year: 2008
Field Note:
Includes Native Hawaiian/ Other Pacific Islander
11. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_Hawaiian
Row Name: Total Infants in State
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2008
Field Note:
Included in Asian
12. **Section Number:** I. Unduplicated Count By Race

Field Name: InfantsTotal_More
Row Name: Total Infants in State
Column Name: More Than One Race Reported
Year: 2008
Field Note:
Not available

13. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_RaceOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2008
Field Note:
Not available

14. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2008
Field Note:
Initial values are PedNSS born 2006

15. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_Asian
Row Name: Title V Served
Column Name: Asian
Year: 2008
Field Note:
Includes Native Hawaiian/ Other Pacific Islander

16. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_Hawaiian
Row Name: Title V Served
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2008
Field Note:
Included in Asian

17. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_RaceOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2008
Field Note:
Not availabel

18. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Asian
Row Name: Eligible for Title XIX
Column Name: Asian
Year: 2008
Field Note:
Includes Native Hawaiian/ Other Pacific Islander

19. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2008
Field Note:
Included in Asian

20. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalNotHispanic
Row Name: Total Deliveries in State
Column Name: Total Not Hispanic or Latino
Year: 2008
Field Note:
Sub-categories of Hispanic ethnicity not collected

21. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Mexican
Row Name: Total Deliveries in State
Column Name: Mexican
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.

22. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Cuban
Row Name: Total Deliveries in State
Column Name: Cuban
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.

23. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_PuertoRican
Row Name: Total Deliveries in State
Column Name: Puerto Rican
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.

24. **Section Number:** II. Unduplicated Count by Ethnicity

- Field Name:** DeliveriesTotal_CentralAmerican
Row Name: Total Deliveries in State
Column Name: Central and South American
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
25. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_EthnicityOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
26. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2008
Field Note:
The method by which the number of title V served is multiplying the total number by .98. At least 98% of all infants have a newborn hearing and/or metabolic screen performed.
27. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
28. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Cuban
Row Name: Title V Served
Column Name: Cuban
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
29. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
30. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
31. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
32. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2008
Field Note:
The method by which the number of title XIX served is multiplying the total number by .3. Approximately 30% of births are paid for by Medicaid.
33. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Mexican
Row Name: Eligible for Title XIX
Column Name: Mexican
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
34. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Cuban
Row Name: Eligible for Title XIX
Column Name: Cuban
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
35. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_PuertoRican
Row Name: Eligible for Title XIX
Column Name: Puerto Rican
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.

36. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
37. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
38. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalNotHispanic
Row Name: Total Infants in State
Column Name: Total Not Hispanic or Latino
Year: 2008
Field Note:
Based on 2005 population
Corresponds to Form 21 HSI 06B
39. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_NotReported
Row Name: Total Infants in State
Column Name: Ethnicity Not Reported
Year: 2008
Field Note:
Not available
40. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Mexican
Row Name: Total Infants in State
Column Name: Mexican
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
41. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Cuban
Row Name: Total Infants in State
Column Name: Cuban
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
42. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_PuertoRican
Row Name: Total Infants in State
Column Name: Puerto Rican
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
43. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_CentralAmerican
Row Name: Total Infants in State
Column Name: Central and South American
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
44. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_EthnicityOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
45. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2008
Field Note:
Not available while entering others, 0 entered so page would save and not require reentering
46. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_NotReported
Row Name: Title V Served
Column Name: Ethnicity Not Reported
Year: 2008
Field Note:
Not available
47. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.

48. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Cuban
Row Name: Title V Served
Column Name: Cuban
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
49. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
50. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
51. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
52. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2008
Field Note:
Not available while entering others, 0 entered so page would save and not require reentering
53. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_NotReported
Row Name: Eligible for Title XIX
Column Name: Ethnicity Not Reported
Year: 2008
Field Note:
Not available
54. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_Mexican
Row Name: Eligible for Title XIX
Column Name: Mexican
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
55. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_Cuban
Row Name: Eligible for Title XIX
Column Name: Cuban
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
56. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_PuertoRican
Row Name: Eligible for Title XIX
Column Name: Puerto Rican
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
57. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.
58. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2008
Field Note:
Unduplicated count by sub-categories not available.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: ID

	FY 2008	FY 2007	FY 2006	FY 2005	FY 2004
1. State MCH Toll-Free "Hotline" Telephone Number	211 or 800-926-2588	211 or 800 926-2588	211 or 800 926-2588	800 926-2588 or 211	800 926-2588 or 211
2. State MCH Toll-Free "Hotline" Name	Idaho CareLine	Idaho CareLine	Idaho CareLine	Idaho CareLine	Idaho CareLine
3. Name of Contact Person for State MCH "Hotline"	Patricia Williams	Patricia Williams	Patricia Williams	Patricia Williams	Patricia Williams
4. Contact Person's Telephone Number	208-287-1020	208 287-1020	208 287-1020	208 334-5551	208 334-5551
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	13,013	12,217	8,622

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: ID

	FY 2008	FY 2007	FY 2006	FY 2005	FY 2004
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2008
[SEC. 506(A)(1)]
STATE: ID

1. State MCH Administration:
(max 2500 characters)

The Bureau of Clinical and Preventive Services, Idaho Department of Health and Welfare, administers the Title V MCH grant. The programs directly supervised by the Idaho MCH Director include; CSHP, Reproductive Health, Immunization, and WIC. Title V funds staff and/or programs in the Bureau of Community and Environmental Health, the Bureau of Health Policy and Vital Statistics and the Office of Epidemiology and Food Protection.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 3,373,169
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 2,150,381
5. Local MCH Funds (Line 4, Form 2)	\$ 379,496
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 5,903,046

9. Most significant providers receiving MCH funds:

7 Public Health Districts
St. Luke's Children's Hospital
Physicians from Oregon Health Science University

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	2,043
b. Infants < 1 year old	23,719
c. Children 1 to 22 years old	84,776
d. CSHCN	201
e. Others	30,266

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

The CSHP Program has a positive working relationship with St. Luke's Children's Specialty Hospital, as well as the Shriner's Hospitals in Salt Lake City, UT and Spokane, WA for the referral of patients. The Genetics Services Program works closely with the Oregon Health Sciences University to provide Board Certified genetics and metabolic specialists to staff clinics and provide counseling to Idaho clients.

b. Population-Based Services:

(max 2500 characters)

The WIC/Immunization Linkage is a collaboration between the two programs on a statewide basis in which WIC client 0-24 months of age are screened for immunization status and those not up-to-date are referred to their health care provider or the district clinic.

c. Infrastructure Building Services:

(max 2500 characters)

CSHP is developing a database that will electronically link St. Luke's Children's Hospital with the program and integrate the billing function. This will improve the authorization and billing procedure and ultimately result in improved customer service. This system will be web-enabled making use of it possible throughout the state. The database will also fill a need for data collection, and retrieval. The genetics clinic is being incorporated into this system development as well so we do not have two parallel systems. Finally, the system is being designed to be compatible with the Medicaid system. CSHP is also exploring the possibility of contracting with St. Luke's Children's Hospital for the provision of genetics services. This will improve the delivery of genetics and metabolic services through out the state. The Oral Health Program has worked closely with the health districts to develop a referral structure between medical and dental providers so that pregnant women can receive dental care.

12. The primary Title V Program contact person:

13. The children with special health care needs (CSHCN) contact person:

Name	Dieuwke A. Spencer, RN, MHS
Title	Chief, Bureau of Clinical & Preventive Services
Address	450 W. State Street
City	Boise
State	Idaho
Zip	83720
Phone	208-334-5930

Name	Mitch Scoggins, MPH
Title	Manager, Children's Special Health Program
Address	450 W. State Street
City	Boise
State	Idaho
Zip	83720
Phone	208-334-5963

Fax 208-3327307

Email spencerd@dhw.idaho.gov

Web

Fax 208-334-6581

Email scogginm@dhw.idaho.gov

Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)]
STATE: ID

Form Level Notes for Form 11

#1 In 2006 one child had a mild form of a condition (Duarte - Galactosemia) and needed no treatment. #3 Previous years were mistakenly reported as 49.1%. Corrected to 48.8% in line with the published CSHCN Survey 2001. #6 Previous years were mistakenly reported as 5.8% which is the National Average statistic instead of the Idaho statistic. 1% is the accurate number.

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	100	100	100	100	100
Annual Indicator	97.3	95.0	100.0	100.0	100.0
Numerator	20,404	19	16	28	17
Denominator	20,965	20	16	28	17

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	100	100	100	100	100

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	<u>60</u>	<u>60</u>	<u>60</u>	<u>60</u>	<u>60</u>
Annual Indicator	<u>57.2</u>	<u>57.2</u>	<u>57.2</u>	<u>57.2</u>	<u>57.2</u>
Numerator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Denominator	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	<u>60</u>	<u>60</u>	<u>60</u>	<u>60</u>	<u>60</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

2. Section Number: Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

3. Section Number: Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective		50	52	52	52
Annual Indicator	49.1	49.1	49.1	49.1	48.8
Numerator					
Denominator					

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	52	52	52	52	52
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

2. Section Number: Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

3. Section Number: Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective			60	60	60
Annual Indicator	53.3	53.3	53.3	53.3	53.3
Numerator					
Denominator					
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	60	60	60	60	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

2. Section Number: Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

3. Section Number: Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective		77	80	80	80
Annual Indicator	75.2	75.2	75.2	75.2	75.2
Numerator					
Denominator					
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	80	80	80	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

2. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

3. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	<u> </u>	<u> 6 </u>	<u> 6 </u>	<u> 6 </u>	<u> 6 </u>
Annual Indicator	<u> 5.8 </u>	<u> 5.8 </u>	<u> 5.8 </u>	<u> 5.8 </u>	<u> 1 </u>
Numerator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Denominator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	<u> 6 </u>	<u> 6 </u>	<u> 6 </u>	<u> 6 </u>	<u> 6 </u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure. Prior years reported the national measure rather than Idaho's measure.

2. **Section Number:** Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

3. **Section Number:** Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	76	77	80	81	82
Annual Indicator	69.4	79	80.8	78.1	76.3
Numerator					
Denominator					

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	83	84	85	86	87
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2006

Field Note:

NIS data for CY2006 is not available until August, 2007

The percentages come from the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.

2. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2005

Field Note:

NIS data for CY 2005 is not available until August, 2006.

3. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2004

Field Note:

The percentage comes for the National Immunization Survey. No numbers are given as to how many were surveyed or how many are completely immunized.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	17	16	15	14	13
Annual Indicator	18.4	17.5	16.8	16.8	18.8
Numerator	582	545	525	532	597
Denominator	31,561	31,176	31,340	31,738	31,738

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	15	14.8	14.5	14.3	14
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

Population not available until July 2007. Used population estimate from 2005 as estimated denominator

2. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2005

Field Note:

Data will be available September 2006.

3. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2004

Field Note:

Data from Idaho birth certificate data available due to revisions in birth certificate for 2004. Data will be available September 2005.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	50.5	60	62	64	66
Annual Indicator	59.7	49.9	50.1	55.7	55.7
Numerator	11,430	9,426	370	10,315	
Denominator	19,147	18,890	739	18,527	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	60	60.5	61	61.5	62
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

SMILES survey used to estimate not conducted in 2006. 2005 rate used as estimate.

- 2.
- Section Number:**
- Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data Source 2005 Smile Survey

- 3.
- Section Number:**
- Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data is from a survey of every third grade class in Idaho Falls school district # 91. State representative data will be available in 2005 from the Idaho State Smile Survey.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	5	5	4.5	4	4
Annual Indicator	5.6	6.8	5.5	5.8	4.2
Numerator	17	21	17	18	13
Denominator	305,614	307,803	308,270	308,945	308,945

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	4	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

Death count preliminary total from ISP for 2006

Population count for 2006 not available until July 2006, 2005 population estimate used as estimate.

2. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

3. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2004

Field Note:

Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective					50
Annual Indicator				49.8	50.5
Numerator					
Denominator					
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	51	51.5	52	52.5	53
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is 2005 Idaho PRATS survey. Data for 2006 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numeration and denominator not provided as they would be the results of weighted survey sample data.

2. Section Number: Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 CDC National Immunization Survey data only shows rate. Numerator and Denominator not available.

Data Source:

http://www.cdc.gov/breastfeeding/data/NIS_data/data_2005.htm

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	82.5	100	100	100	100
Annual Indicator	96.8	93.9	94.2	94.6	98.4
Numerator	18,275				22,302
Denominator	18,886				22,657

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data source is 2005 Idaho PRATS survey. Data for 2006 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data.

Responses indicating that the baby was tested after hospital discharge or that the baby was not born at a hospital but was tested were not included in the denominator.

2. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data Source: Vital Statistics

3. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2004**Field Note:**

Note: Responses indicating that the baby was tested after hospital discharge or that the baby was not born at a hospital but was tested were not included in the numerator and "Unsure" responses and responses with no data for that question were not included in the denominator.

Note: PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho.

PRATS data showing only the indicator.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	12.1	12	12	12	12
Annual Indicator	13	13	13	13.0	11.4
Numerator				19,177	44,995
Denominator				147,366	394,435

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	11.2	11	10.8	10.6	10.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: U.S. Census Bureau

Current Population Survey, Annual Social and Economic Supplement, 2006

http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

2. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data Source: Census.gov

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective					26
Annual Indicator				28.9	32.1
Numerator				5,240	5,807
Denominator				18,137	18,113

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	31	31	30.5	30.5	30
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2006

Field Note:

Based on PedNSS data avail as of 1/16/2007

Changes in unit conversion measures and BMI comparison data from 2005 reduce comparability with previous data. Using method for 2006 data values for previous years would be:

2002 29.0 percent

2003 28.2 percent

2004 29.4 percent

2005 31.3 percent

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective					8
Annual Indicator					9.4
Numerator					2,257
Denominator					24,108

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	8	7.8	7.7	7.6	7.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Out of state birth certificates do not necessarily include smoking during pregnancy. Denominator reflects those that do record smoking status.

2. Section Number: Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data available in September 2006.

Data Source: Vital Statistics

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	20	19	13	12	11
Annual Indicator	13.7	13.8	13.8	9.1	9.1
Numerator	15	15	15	10	10
Denominator	109,671	108,796	108,840	109,731	109,731

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	8.5	8.3	8.1	8	7.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

2. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

3. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2004

Field Note:

Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	65	66	75	75	75
Annual Indicator	65.7	72.8	99	99	99
Numerator	132	142			
Denominator	201	195			

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 entered to save form.

2. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2005**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure.

3. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2004**Field Note:**

Prior to data year 2003, Idaho hospitals with a NICU were used as a proxy measure. However, Idaho has since found errors in that proxy measure and currently does not have a replacement measure. 99 was entered to allow form to be saved.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	80.8	83	84	85	86
Annual Indicator	82.1	81.3	71.9	71.4	74.9
Numerator	16,710	17,091	15,455	15,889	16,772
Denominator	20,362	21,012	21,502	22,245	22,389

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	78	78.5	79	79.5	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.

2. Section Number: Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2005**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.

3. Section Number: Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2004**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began may have been estimated from mother's recollection or based on information in mother's medical record.

STATE PERFORMANCE MEASURE # 1

Percent of mothers who were screened for post partum depression within one month following delivery.

Annual Objective and Performance Data					
	2002	2003	2004	2005	2006
Annual Performance Objective					75
Annual Indicator			99	99	99
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>75</u>	<u>80</u>	<u>80</u>	<u>80</u>	<u>80</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2006

Field Note:

No screening data is available at this time. Questions for the PRATS survey are being developed to capture this data. 99 has been entered to save form.

2. **Section Number:** State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2005

Field Note:

No screening data is available at this time. Questions for the PRATS survey are being developed to capture this data.

3. **Section Number:** State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2004

Field Note:

No data is available at this time.

STATE PERFORMANCE MEASURE # 2

The percent of Medicaid and SCHIP children ages 1 and 2 that received the expected number of EPSDT screens.

	<u>Annual Objective and Performance Data</u>				
	2002	2003	2004	2005	2006
Annual Performance Objective					75
Annual Indicator				70.5	67.4
Numerator				16,834	16,430
Denominator				23,865	24,390
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	75.2	75.4	75.6	75.8	76
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Values entered reflect EPSDT screenings for Medicaid and Idaho CHIP enrollees <=1 year of age only.

Form 17 HSC 02 and 03 combined.

2. Section Number: State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2005**Field Note:**

Entered values match Form 17 HSC 02, which reflects medicaid only and less than 1 year of age.

STATE PERFORMANCE MEASURE # 3

Percent of 9th - 12th grade students that report having engaged in sexual intercourse.

	<u>Annual Objective and Performance Data</u>				
	2002	2003	2004	2005	2006
Annual Performance Objective					
Annual Indicator			38.5	39	39
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	36.5	36	35.5	35	34.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

YRBS Survey not conducted in 2006

Results from: RESULTS OF THE 2005 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2004 SCHOOL HEALTH EDUCATION PROFILE, April 2006
used as estimate for 2006

Numerator and denominator not available

2. Section Number: State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 YRBS Survey Data available in June 2006.

Results from: RESULTS OF THE 2005 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2004 SCHOOL HEALTH EDUCATION PROFILE, April 2006

Numerator and denominator not available

3. Section Number: State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2004**Field Note:**

YRBS survey not completed in 2004.

STATE PERFORMANCE MEASURE # 4

Percent of 9th – 12th grade students who used any type of tobacco in the past 30 days

	<u>Annual Objective and Performance Data</u>				
	2002	2003	2004	2005	2006
Annual Performance Objective	_____	_____	_____	_____	_____ 0
Annual Indicator	_____	_____ 17.8	_____ 17.8	_____ 21.4	_____ 21.4
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____ 0	_____ 0	_____ 0	_____ 0	_____ 0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

YRBS not conducted in 2006, 2005 results used as estimate for 2006.

Based on YRBS questions regarding cigarette smoking and smokeless tobacco use.

Numerator and denominator not available

Goals are 0 because someone in the past entered a zero and we are not allowed to enter any value larger

2. Section Number: State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 YRBS data available in June 2006.

Based on YRBS questions regarding cigarette smoking and smokeless tobacco use.

Numerator and denominator not available

3. Section Number: State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2004**Field Note:**

YRBS not conducted in 2004, results from 2003 used as estimate for 2004.

STATE PERFORMANCE MEASURE # 5

Percent of pregnant women who received dental care during pregnancy.

Annual Objective and Performance Data					
	2002	2003	2004	2005	2006
Annual Performance Objective					50
Annual Indicator			39.3	43.6	43.6
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2007	2008	2009	2010	2011
Annual Performance Objective	45	45	46	46	46.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2006

Field Note:

Data source is 2005 Idaho PRATS survey. Data for 2006 not available at time of submission. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data.

Responses with unknown data were not included in the denominator.

2. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2005

Field Note:

Data source is 2005 Idaho PRATS survey. PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho. Numerator and denominator not provided as they would be the results of weighted survey sample data.

Responses with unknown data were not included in the denominator.

3. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2004

Field Note:

Responses with unknown data were not included in the denominator.

Note: PRATS is a representative sample of resident women aged 18+ who gave birth in Idaho.

STATE PERFORMANCE MEASURE # 6

Percent of Medicaid and SCHIP children who are fully immunized by age 2.

	<u>Annual Objective and Performance Data</u>				
	2002	2003	2004	2005	2006
Annual Performance Objective	_____	_____	_____	_____	90
Annual Indicator	_____	_____	_____	80	80
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2006
Field Note:
 #SP6 Notes – 2005
 Data is an estimate from IRIS data.
 Notes – 2006
 Data is an estimate from provider visit assessments
- Section Number:** State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2005
Field Note:
 Data is an estimate from IRIS data.

STATE PERFORMANCE MEASURE # 7

Percent of 9th – 12th grade students that are overweight.

	<u>Annual Objective and Performance Data</u>				
	2002	2003	2004	2005	2006
Annual Performance Objective	_____	_____	_____	_____	_____0
Annual Indicator	_____	_____7.4	_____7.2	_____7	_____7
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____0	_____0	_____0	_____0	_____0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

YRBS not conducted in 2006

Results from: RESULTS OF THE 2005 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2004 SCHOOL HEALTH EDUCATION PROFILE, April 2006
used as estimate for 2006

Numerator and denominator not available

2. Section Number: State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 YRBS survey data available in June 2006.

Results from: RESULTS OF THE 2005 IDAHO YOUTH RISK BEHAVIOR SURVEY AND 2004 SCHOOL HEALTH EDUCATION PROFILE, April 2006

Numerator and denominator not available

3. Section Number: State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2004**Field Note:**

YRBS survey not performed in 2004.

Results from 2003 YRBS used as estimate

Numerator and denominator not available

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: ID

Form Level Notes for Form 12

Not all death certificates for 2006 have been received. 2005 mortality data is used as estimate for 2006.

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	Annual Objective and Performance Data				
	2002	2003	2004	2005	2006
Annual Performance Objective	7	7	7	7	6
Annual Indicator	6.1	6.3	6.2	6.2	6.2
Numerator	127	138	139	142	142
Denominator	20,973	21,794	22,529	23,064	23,064
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <small>(Explain data in a year note. See Guidance, Appendix IX.)</small>					
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2006

Field Note:

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

2. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

3. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2004

Field Note:

Indicator provided is a provisional estimate.

Data from Idaho birth certificate data not available due to revisions in birth certificate for 2004. Data will be available September 2005.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	0	0	0	2	2
Annual Indicator	1.6	1.5	1.6	1.3	1.3
Numerator	9.8	9.6	9.9	7.5	7.5
Denominator	6.1	6.2	6.1	5.8	5.8

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

2. Section Number: Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

3. Section Number: Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2004

Field Note:

Indicator provided is a provisional estimate.

Data from Idaho birth certificate data not available due to revisions in birth certificate for 2004. Data will be available September 2005.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	4.5	4.5	4.5	3.9	3.9
Annual Indicator	4.0	3.8	4.0	4.0	4.0
Numerator	84	82	89	93	93
Denominator	20,973	21,794	22,529	23,064	23,064

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	3.9	3.9	3.9	3.9	3.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2006

Field Note:

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

2. Section Number: Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

3. Section Number: Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2004

Field Note:

Data from Idaho birth and death certificate data not available. Data will be available September 2005.

Indicator provided is a provisional estimate.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	2.5	2.5	2.5	2.5	2.5
Annual Indicator	2.1	2.6	2.2	2.1	2.1
Numerator	43	56	50	49	49
Denominator	20,973	21,794	22,529	23,064	23,064

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

2. Section Number: Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

3. Section Number: Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data from Idaho birth certificate data not available due to revisions in birth certificate for 2004. Data will be available September 2005.

Indicator provided is a provisional estimate.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	9.6	9.5	9.4	9.3	9
Annual Indicator	7.9	8.0	9.1	9.4	9.4
Numerator	167	175	206	217	217
Denominator	21,069	21,901	22,654	23,198	23,198

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	9	9	9	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2006

Field Note:

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

2. Section Number: Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

3. Section Number: Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2004

Field Note:

Data from Idaho birth and death certificate data not available due to revisions in birth certificate for 2004. Death data have not been finalized Data will be available September 2005.

2004 indicator provided is a provisional estimate.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2002	2003	2004	2005	2006
Annual Performance Objective	28.1	28	27.9	27.8	25
Annual Indicator	22.4	25.4	26.5	22.7	22.7
Numerator	64	73	76	65	65
Denominator	285,388	287,714	287,238	286,898	286,898

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	25	25	25	25	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

Not all death records for 2006 have been received. 2005 data is used as estimate for 2006.

2. Section Number: Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

3. Section Number: Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2004**Field Note:**

Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: ID

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 10

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Question3
Row Name: #3. Family members are involved in the Children with Special Health Care Needs...
Column Name:
Year: 2008
Field Note:
We have had significant staff turnover resulting in decreased family contact.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: ID FY: 2008

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Pregnant Women and Children: Increase awareness of Medicaid programs for pregnant women and children across provider and community networks.
2. Perinatal Depression: Identify screening tools and work with state professional groups and the regional perinatal coalitions to develop mechanisms to assure appropriate use of the tools and availability of referral resources for perinatal depression.
3. EPSDT screenings: Develop strategies to assure that EPSDT screenings and follow up are occurring as appropriate for all infants, children and adolescents.
4. Adolescents: Assess the adolescent population risk behaviors and design interventions to target this population with input from teenagers and parents of targeted groups.
5. CSHCN: Strengthen the existing care coordination system and access to specialty care to address the complex care needs of all CSHCN.
6. Cultural Competency: Improve cultural competency across all programs that work with the Maternal and Child Health population.
7. Dental Health: Increase the awareness of the need for dental care during pregnancy and increase the number of women who seek dental care during pregnancy.
8. Health Education: Strengthen health education in the public schools, including developing strategies to assure that school health educators receive up to date training on health topics.
9. Systems Development: Develop and strengthen existing system collaboration efforts that focus on defined outcomes for the MCH population.
10. Overweight and obesity: Develop and implement strategies to reduce the problem of overweight and obesity among school age children.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: ID

APPLICATION YEAR: 2008

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>01</u>	Need a contract nurse (RN) to conduct training and follow up on Newborn Screening with providers and families.	Staff member tasked with these duties retired in December '06. There is currently no CSHP staff member with strengths in this field.	The CSHP hopes to contract through a "service" to provide this TA.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: ID

SP # 1

PERFORMANCE MEASURE:

Percent of mothers who were screened for post partum depression within one month following delivery.

STATUS:

Active

GOAL

To increase the number of pregnant women who either are depressed or are at risk for depression that are identified and referred for help.

DEFINITION

Numerator:

Number of new mothers who were screened for depression within one month following delivery.

Denominator:

Number of new mothers who were surveyed.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho's Pregnancy Risk Assessment Tracking System

SIGNIFICANCE

In 2001, 40.2% of mothers resported mild depression sometime during the first 3 months following delivery of their child. 14.8% reported moderate depression and 6.0% reported being very depressed. Postpartum depression disorders occur in as many as 85% of women. These may range from baby blues to severe depression in up to 15% of these women. Postpartum depression usually presents 2-3 weeks following delivery, but signs may occur during pregnancy, as early as 28 weeks. A concern is that the patient's care provider may not acknowledge that she has a problem and some physicians still do not believe perinatal depressions exists. Currently there is a lack of health care providers to address the mental health needs of pregnant women and those suffering from postpartum depression. Work needs to be done to establish a referral network so that when a provider identifies a patient they have someone to send the woman to for help.

SP # 2

PERFORMANCE MEASURE:

The percent of Medicaid and SCHIP children ages 1 and 2 that received the expected number of EPSDT screens.

STATUS:

Active

GOAL

To improve the health of children who may be at high risk for poor health.

DEFINITION

Numerator:

Number of Medicaid and SCHIP 1 and 2 year old children that received the expected number of EPSDT screens.

Denominator:

Number of Medicaid and SCHIP 1 and 2 year old children that are eligible for EPSDT screening.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho Medicaid

SIGNIFICANCE

Children of families who are lower income tend to be at higher risk for health issues resulting from various factors such as poor nutrition. EPSDT screening is method for early identification and intervention for these children.

SP # 3

PERFORMANCE MEASURE:

Percent of 9th - 12th grade students that report having engaged in sexual intercourse.

STATUS:

Active

GOAL

Reduce the number of teens that are infected with an STD and/or experience an unplanned pregnancy.

DEFINITION

Numerator:

Number of 9th – 12th grade students who had sexual intercourse

Denominator:

Number of 9th – 12th grade students surveyed

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

25-11.

Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active to 95%.

DATA SOURCES AND DATA ISSUES

Idaho Youth Behavioral Risk Factor Survey.

SIGNIFICANCE

Unintended pregnancies and sexually transmitted diseases (STDs), including infection with the human immunodeficiency virus that causes AIDS, can result from unprotected sexual behaviors. Abstinence is the only method of complete protection. Condoms, if used correctly and consistently, can help prevent both unintended pregnancy and STDs. Half of all pregnancies in the United States are unintended; that is, at the time of conception the pregnancy was not planned or not wanted. Unintended pregnancy rates in the United States have been declining. The rates remain highest among teenagers, women aged 40 years or older, and low-income African American women. Approximately 1 million teenage girls each year in the United States have unintended pregnancies. Nearly half of all unintended pregnancies end in abortion. Sexually transmitted diseases are common in the United States, with an estimated 15 million new cases of STDs reported each year. Almost 4 million of the new cases of STDs each year occur in adolescents. Women generally suffer more serious STD complications than men, including pelvic inflammatory disease, ectopic pregnancy, infertility, chronic pelvic pain, and cervical cancer from the human papilloma virus. African Americans and Hispanics have higher rates of STDs than whites. According to the 2003 Idaho YRBSS, 36.4% of 9th - 12th grade students reported having sexual intercourse.

SP # 4

PERFORMANCE MEASURE:

Percent of 9th – 12th grade students who used any type of tobacco in the past 30 days

STATUS:

Active

GOAL

To reduce the number of teens that try tobacco for the first time and prevent ongoing use.

DEFINITION

Numerator:

Number of 9th – 12th grade students who used any type of tobacco in the past 30 days

Denominator:

Number of 9th – 12th grade students Surveyed

Units: **Text:** 0

HEALTHY PEOPLE 2010 OBJECTIVE

27-2b.

Reduce cigarette smoking by adolescents to 10%.

DATA SOURCES AND DATA ISSUES

Idaho Youth Risk Behavior Surveillance system.

SIGNIFICANCE

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires—combined. Tobacco-related deaths number more than 430,000 per year among U.S. adults, representing more than 5 million years of potential life lost. Direct medical costs attributable to smoking total at least \$50 billion per year. In 1999, 35 percent of adolescents were current cigarette smokers. In 1998, 24 percent of adults were current cigarette smokers. Adolescent rates of cigarette smoking have increased in the 1990s among white, African American, and Hispanic high school students after years of declining rates during the 1970s and 1980s. In 1999, 39 percent of white high school students currently smoked cigarettes compared with 33 percent for Hispanics and 20 percent for African Americans. Among African Americans in 1999, only 19 percent of high school girls, compared with 22 percent of boys, currently smoked cigarettes. According to the 2003 Idaho YRBSS, 17.8% of 9-12 graders reported using tobacco products within the last 30 days.

SP # 5

PERFORMANCE MEASURE:

Percent of pregnant women who received dental care during pregnancy.

STATUS:

Active

GOAL

To increase the number of pregnant women of receive at least one dental visit during the second trimester of pregnancy. Purpose of the visit is to identify and correct periodontal disease which lead to low birth weight deliveries and other health consequences for the mother and her young child.

DEFINITION

Numerator:

Number of pregnant women who received dental care.

Denominator:

Number of women surveyed.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Idaho's Pregnancy Risk Assessment Tracking System.

SIGNIFICANCE

Poor dental health has been found as a cause of low birth weight deliveries. By intervening during the second trimester, studies have shown improve birth weights. Low birth weight is associated with a number of health issues for young children. According to the 2001 PRATS survey, only 37.6 percent of all mothers went for dental care during pregnancy.

SP # 6

PERFORMANCE MEASURE:

Percent of Medicaid and SCHIP children who are fully immunized by age 2.

STATUS:

Active

GOAL

To improve immunization status of children in the state and protect them from vaccine preventable diseases.

DEFINITION

Numerator:

Number of Medicaid and SCHIP children who are fully immunized by age 2.

Denominator:

Number of Medicaid and SCHIP children enrolled that are two years of age.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

14-24a.

Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years.

DATA SOURCES AND DATA ISSUES

For the 4:3:1:3:3 series the HP2010 goal is 80% for children 19-35 months of age.

Medicaid and Immunization Program data

SIGNIFICANCE

Vaccines are among the greatest public health achievements of the 20th century. Immunizations can prevent disability and death from infectious diseases for individuals and can help control the spread of infections within communities. Idaho GPRA surveys over the past 4 years has shown lower immunization rates among children enrolled in Medicaid when compared to the statewide average among all children. By targeting our Medicaid population we focusing efforts on the highest risk population for health disparities.

SP # 7

PERFORMANCE MEASURE:

Percent of 9th – 12th grade students that are overweight.

STATUS:

Active

GOAL

Reduce the number of school age children who are overweight or obese.

DEFINITION

Numerator:

Number of 9th – 12th grade students overweight.

Denominator:

Number of 9th – 12th grade students surveyed.

Units: Text: 0

HEALTHY PEOPLE 2010 OBJECTIVE

19-3c.

Reduce the proportion of children and adolescents who are overweight or obese to 5%.

DATA SOURCES AND DATA ISSUES

Idaho Youth Risk Behavior Surveillance System.

SIGNIFICANCE

Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. The number of overweight children, adolescents, and adults has risen over the past four decades. Total costs (medical cost and lost productivity) attributable to obesity alone amounted to an estimated \$99 billion in 1995. Overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers. Obese individuals also may suffer from social stigmatization, discrimination, and lowered self-esteem. During 1988–94, 11 percent of children and adolescents aged 6 to 19 years were overweight or obese According the 2003 Idaho YRBSS 7.4% of 9th – 12th grade students were reported as being overweight.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: ID

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2002	2003	2004	2005	2006
Annual Indicator	<u>26.1</u>	<u>28.0</u>	<u>28.0</u>	<u>20.0</u>	<u>18.3</u>
Numerator	<u>129</u>	<u>145</u>	<u>153</u>	<u>111</u>	<u>100</u>
Denominator	<u>49,406</u>	<u>51,875</u>	<u>54,629</u>	<u>55,482</u>	<u>54,564</u>
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

Data reflects Medicaid and Idaho CHIP enrollees only. General hospitalization data not available.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<u>Annual Indicator Data</u>				
	2002	2003	2004	2005	2006
Annual Indicator	69.5	70.5	72.6	70.5	68.9
Numerator	14,804	15,706	16,985	16,834	15,798
Denominator	21,296	22,276	23,406	23,865	22,930

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2005

Field Note:

Data Source:

Medicaid

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<u>Annual Indicator Data</u>				
	2002	2003	2004	2005	2006
Annual Indicator	54.0	42.9	42.0	38.7	43.3
Numerator	302	210	235	222	632
Denominator	559	490	559	574	1,460

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

Data Source: Medicaid

2. Section Number: Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2005

Field Note:

Data Source: Medicaid

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

		Annual Indicator Data				
	2002	2003	2004	2005	2006	
Annual Indicator	<u>75.6</u>	<u>76.8</u>	<u>74.2</u>	<u>73.9</u>	<u>73.9</u>	
Numerator	<u>15,187</u>	<u>15,955</u>	<u>15,814</u>	<u>17,247</u>	<u>17,247</u>	
Denominator	<u>20,092</u>	<u>20,777</u>	<u>21,314</u>	<u>23,331</u>	<u>23,331</u>	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2.The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Provisional	Provisional	

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2006**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began data may have been estimated from mother's recollection or based on information in mother's medical record.

2. Section Number: Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

3. Section Number: Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2004**Field Note:**

In 2004, the Idaho birth certificate was revised. Beginning in 2004, Idaho prenatal care data are based on date of first prenatal care visit as reported in the mother's medical record. Data are not comparable with Idaho or national data based on month prenatal care began. Prior to the revision, month prenatal care began data may have been estimated from mother's recollection or based on information in mother's medical record.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

		<u>Annual Indicator Data</u>				
		2002	2003	2004	2005	2006
Annual Indicator		89.5	94.3	92.5	87.1	88.6
Numerator		127,524	142,394	150,105	128,422	124,117
Denominator		142,425	151,017	162,240	147,366	140,163
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Final	Provisional

Field Level Notes1. **Section Number:** Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Values reflect numbers of children aged <=19.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<u>Annual Indicator Data</u>				
	2002	2003	2004	2005	2006
Annual Indicator	45.3	48.0	49.2	51.0	55.5
Numerator	11,265	14,952	16,759	15,345	19,392
Denominator	24,864	31,177	34,068	30,069	34,939

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

Data Source: Medicaid

Includes Medicaid and Idaho CHIP enrollees only.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2002	2003	2004	2005	2006
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>2,726</u>	<u>3,077</u>	<u>1,949</u>	<u>3,244</u>	<u>1,194</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

All children who receive SSI in Idaho automatically qualify for a medical card through Idaho Medicaid. That is the payment source, rather than Title V, for all rehabilitative services needed.

Incidence data from SSA via Health & Ready to Work website:

www.hrtw.org

2. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2005

Field Note:

All children who receive SSI in Idaho automatically qualify for a medical card through Idaho Medicaid. That is the payment source, rather than Title V, for all rehabilitative services needed.

Incidence data from SSA via Health & Ready to Work website:

www.hrtw.org

3. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2004

Field Note:

All children who receive SSI in Idaho automatically qualify for a medical card through Idaho Medicaid. Medicaid, rather than Title V, pays for all necessary rehabilitation services.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: ID

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2006	Payment source from birth certificate	<u>8.1</u>	<u>6.2</u>	<u>6.9</u>
b) <i>Infant deaths per 1,000 live births</i>	2005	Payment source from birth certificate	<u>5.9</u>	<u>5.4</u>	<u>6.2</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2006	Payment source from birth certificate	<u>62</u>	<u>76.9</u>	<u>71.7</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2006	Payment source from birth certificate	<u>66.9</u>	<u>77.8</u>	<u>73.9</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: ID

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2006	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>16</u>) (Age range <u>17</u> to <u>18</u>)	2006	<u>185</u> <u>185</u> <u>185</u>
c) <i>Pregnant Women</i>	2006	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: ID

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2006	<u>100</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>16</u>) (Age range <u>17</u> to <u>18</u>)	2006	<u>100</u> <u>100</u> <u>100</u>
c) <i>Pregnant Women</i>	2006	<u>100</u>

FORM NOTES FOR FORM 18

Population data for Medicaid, non-Medicaid, and all are based on payment source for delivery of baby at the time of delivery. Payment source may change after the birth certificate is filed with the state. Medicaid data based on payment source for delivery may differ from Medicaid data based on Program records.

"All" includes unknown payment source. In 2006, the number of births by payment source was: Medicaid: 7,726 , Non-Medicaid:15,607, All: 24,185

FIELD LEVEL NOTES

1. Section Number: Indicator 05

Field Name: InfantDeath

Row Name: Infant deaths per 1,000 live births

Column Name:

Year: 2008

Field Note:

B. Idaho resident infant deaths in 2005 and Idaho resident births in 2005. 2006 infant death data are not available as of 6/19/2007. Note: there is a high proportion of infant deaths with payment source for delivery unknown 12.7% (18 out of 142 deaths).

Medicaid Non-Medicaid All

Numerator 43 81 142

Denominator 7299 15007 23064

2. Section Number: Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name:

Year: 2008

Field Note:

Births to Idaho residents in 2006. The methodology to collect data on first prenatal care visit changed in 2004 with the 2004 revision of the Idaho birth certificate. Data in 2006 are not comparable with prenatal care data based on the previous revision of the birth certificate.

Medicaid Non-Medicaid All

Numerator 4750 11906 16773

Denominator 7659 15487 23391

3. Section Number: Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2008

Field Note:

Births to Idaho residents in 2006. The methodology to collect data on first prenatal care visit changed in 2004 with the 2004 revision of the Idaho birth certificate. Data in 2006 are not comparable with prenatal care data based on the previous revision of the birth certificate.

Medicaid Non-Medicaid All

Numerator 5111 12018 17247

Denominator 7638 15450 23331

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: ID

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: ID

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: ID

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2002	2003	<u>Annual Indicator Data</u>		2006
	2004	2005			
Annual Indicator	6.2	6.5	6.8	6.7	6.9
Numerator	1,289	1,415	1,538	1,544	1,676
Denominator	20,954	21,780	22,522	23,049	24,156

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2006
Field Note:
Birth records for Idaho 2006 not final as of entry.
- Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2005
Field Note:
2005 data not available until September 2006.
- Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2004
Field Note:
6.5 entered as a provisional estimate.
Data from Idaho birth certificate data available due to revisions in birth certificate for 2004. Data will be available September 2005.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		<u>Annual Indicator Data</u>			
	2002	2003	2004	2005	2006
Annual Indicator	4.8	4.8	5.1	5.0	5.2
Numerator	969	1,018	1,104	1,119	1,214
Denominator	20,353	21,108	21,764	22,366	23,409
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Birth records for Idaho 2006 not finalized at entry.

2. Section Number: Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

3. Section Number: Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2004**Field Note:**

4.2 entered as provisional estimate.

Actual data from Idaho birth certificate data available due to revisions in birth certificate for 2004. Data will be available September 2005.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data				
	2002	2003	2004	2005	2006	
Annual Indicator	1.0	1.0	1.2	1.1	1.2	
Numerator	201	228	261	257	295	
Denominator	20,954	21,780	22,522	23,049	24,156	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	

Field Level Notes**1. Section Number:** Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Birth records for Idaho 2006 not finalized at entry.

2. Section Number: Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

3. Section Number: Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2004**Field Note:**

2004 annual indicator entered as provisional estimate. Data not available.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data				
	2002	2003	2004	2005	2006	
Annual Indicator	0.7	0.7	0.9	0.7	0.9	
Numerator	147	142	186	166	208	
Denominator	20,353	21,108	21,764	22,366	23,409	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	

Field Level Notes**1. Section Number:** Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Birth records for Idaho 2006 not finalized at entry.

2. Section Number: Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

3. Section Number: Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2004**Field Note:**

2004 indicator entered as a provisional estimate. 2004 data not available.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

		<u>Annual Indicator Data</u>			
	2002	2003	2004	2005	2006
Annual Indicator	10.8	10.7	13.0	12.6	12.6
Numerator	33	33	40	39	39
Denominator	305,614	307,803	308,270	308,945	308,945
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Death records for Idaho not finalized at entry, used 2005 value as estimate for 2006.

Population totals for 2006 not available, used 2005 as best estimate.

2. Section Number: Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 data not available until September 2006.

3. Section Number: Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2004**Field Note:**

2004 Indicator provisional estimate.

Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<u>Annual Indicator Data</u>				
	2002	2003	2004	2005	2006
Annual Indicator	5.6	6.8	5.5	5.8	5.8
Numerator	17	21	17	18	18
Denominator	305,614	307,803	308,270	308,945	308,945

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

Death records for Idaho not finalized at entry, used 2005 value as estimate for 2006.

Population totals for 2006 not available, used 2005 as best estimate.

2. Section Number: Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

3. Section Number: Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2004

Field Note:

2004 Indicator provisional estimate.

Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<u>Annual Indicator Data</u>				
	2002	2003	2004	2005	2006
Annual Indicator	33.2	32.7	25.4	32.0	32.0
Numerator	71	71	56	72	72
Denominator	213,861	217,325	220,875	224,678	224,678

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

Death records for Idaho not finalized at entry, used 2005 value as estimate for 2006.

Population totals for 2006 not available, used 2005 as best estimate.

2. **Section Number:** Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2005

Field Note:

2005 data not available until September 2006.

3. **Section Number:** Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2004

Field Note:

2004 Indicator provisional estimate.

Idaho mortality database not finalized because not all out of state deaths certificates have been received. Data will be available September 2005.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2002	2003	Annual Indicator Data		2006
			2004	2005	
Annual Indicator	<u> </u>	<u> </u>	<u> 999 </u>	<u> 999 </u>	<u> 999 </u>
Numerator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Denominator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Could not identify a source of data.

Entered 999 so that the form would save.

2. Section Number: Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2005**Field Note:**

Could not identify a source of data.

Entered 999 so that the form would save.

3. Section Number: Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2004**Field Note:**

Could not identify a source of data.

Entered 999 so that the form would save.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	2002	2003	2004	2005	2006
Annual Indicator		477.3	448.6	406.9	380.3
Numerator		1,469	1,383	1,257	1,175
Denominator		307,803	308,270	308,945	308,945

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Population total not available at this time. Population for 2005 used to calculate rate.

2. Section Number: Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2005

Field Note:

2005 Denominator is an estimate.

Population by age releases September 2006.

3. Section Number: Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2004

Field Note:

Data source not identified for 2004.

Entered a 999 to save the data; this is not an actual indicator.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

			Annual Indicator Data			
	2002	2003	2004	2005	2006	
Annual Indicator		2,245.9	2,148.1	2,062.5	2,010.9	
Numerator		4,881	4,757	4,634	4,518	
Denominator		217,325	221,454	224,678	224,678	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Provisional	

Field Level Notes**1. Section Number:** Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2006**Field Note:**

Population not available at this time. Used 2005 population as estimate for denominator.

2. Section Number: Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 Denominator is an estimate.

Population by age will release in September 2006.

3. Section Number: Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data source not identified.

Entered 999 so that the form would save; it is not meant as an indicator.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<u>Annual Indicator Data</u>				
	2002	2003	2004	2005	2006
Annual Indicator	13.3	17.6	14.2	14.1	15.2
Numerator	709	931	752	771	829
Denominator	53,240	52,842	53,054	54,649	54,649

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

Population estimate for 2006 not available, 2005 population estimate used.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<u>Annual Indicator Data</u>				
	2002	2003	2004	2005	2006
Annual Indicator	6.6	4.3	5.7	5.5	6.4
Numerator	1,522	1,016	1,364	1,349	1,565
Denominator	230,878	234,093	238,590	244,149	244,149

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

2006 population estimate not available, 2005 population estimate used.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	22,047	21,230	202	383	232	0	0	0
Children 1 through 4	83,990	80,866	832	1,329	963	0	0	0
Children 5 through 9	100,034	95,616	1,350	1,886	1,182	0	0	0
Children 10 through 14	102,874	98,593	1,169	1,993	1,119	0	0	0
Children 15 through 19	109,731	105,260	1,088	2,172	1,211	0	0	0
Children 20 through 24	114,947	110,133	1,254	2,027	1,533	0	0	0
Children 0 through 24	533,623	511,698	5,895	9,790	6,240	0	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	19,052	2,995	0
Children 1 through 4	72,428	11,562	0
Children 5 through 9	85,725	14,309	0
Children 10 through 14	89,653	13,221	0
Children 15 through 19	97,755	11,976	0
Children 20 through 24	101,735	13,212	0
Children 0 through 24	466,348	67,275	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	18	14	0	0	0	0	0	4
Women 15 through 17	597	467	5	28	3	0	0	94
Women 18 through 19	1,551	1,360	6	39	15	0	1	130
Women 20 through 34	19,704	18,132	108	280	269	0	7	908
Women 35 or older	2,300	2,066	12	29	52	0	1	140
Women of all ages	24,170	22,039	131	376	339	0	9	1,276

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	10	8	0
Women 15 through 17	370	224	3
Women 18 through 19	1,134	410	7
Women 20 through 34	16,844	2,779	81
Women 35 or older	1,918	364	18
Women of all ages	20,276	3,785	109

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	142	123	1	3	3	0	0	12
Children 1 through 4	32	27	0	3	0	0	0	2
Children 5 through 9	15	12	0	0	1	0	0	2
Children 10 through 14	18	18	0	0	0	0	0	0
Children 15 through 19	60	54	0	4	1	0	0	1
Children 20 through 24	94	79	2	5	1	0	0	7
Children 0 through 24	361	313	3	15	6	0	0	24

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	114	28	0
Children 1 through 4	26	6	0
Children 5 through 9	12	3	0
Children 10 through 14	18	0	0
Children 15 through 19	49	11	0
Children 20 through 24	79	15	0
Children 0 through 24	298	63	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	418,676	401,565.0	4,641.0	7,763.0	4,707.0	0.0	0.0	0.0	2005
Percent in household headed by single parent	33.2	30.0	0.0	0.0	0.0	0.0	0.0	0.0	2006
Percent in TANF (Grant) families	1.3	1.3	2.4	2.9	0.3	0.0	0.0	0.0	2006
Number enrolled in Medicaid	139,802	133,220.0	1,290.0	2,782.0	524.0	153.0	1,825.0	8.0	2006
Number enrolled in SCHIP	22,551	21,861.0	87.0	292.0	66.0	25.0	220.0	0.0	2006
Number living in foster home care	1,818	1,584.0	33.0	144.0	0.0	4.0	52.0	1.0	2005
Number enrolled in food stamp program	80,502	76,055.0	1,005.0	1,885.0	236.0	99.0	1,222.0	0.0	2006
Number enrolled in WIC	40,715	36,536.0	474.0	2,456.0	403.0	83.0	763.0	0.0	2006
Rate (per 100,000) of juvenile crime arrests	5,232.4	5,104.3	6,571.9	6,183.2	1,720.8	0.0	0.0	0.0	2005
Percentage of high school drop-outs (grade 9 through 12)	2.7	2.2	4.8	5.5	1.2	0.0	0.0	0.0	2006

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	364,613.0	54,063.0	0.0	2005
Percent in household headed by single parent	29.5	0.0	0.0	2006
Percent in TANF (Grant) families	1.2	2.1	0.0	2006
Number enrolled in Medicaid	112,094.0	27,708.0	0.0	2006
Number enrolled in SCHIP	17,204.0	5,347.0	0.0	2006
Number living in foster home care	1,504.0	304.0	0.0	2005
Number enrolled in food stamp program	63,598.0	16,904.0	0.0	2006
Number enrolled in WIC	27,966.0	12,749.0	0.0	2006
Rate (per 100,000) of juvenile crime arrests	4,955.9	5,221.7	0.0	2005
Percentage of high school drop-outs (grade 9 through 12)	2.2	5.8	0.0	2006

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	266,108
Living in rural areas	124,552
Living in frontier areas	28,016
Total - all children 0 through 19	418,676

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	1,466,465.0
Percent Below: 50% of poverty	0.0
100% of poverty	9.9
200% of poverty	32.2

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: ID

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	418,676.0
Percent Below: 50% of poverty	0.0
100% of poverty	12.4
200% of poverty	39.5

FORM NOTES FOR FORM 21

Asian and Pacific Islander categories have been combined.

Beginning in 2003, multiple races and Hispanic origins may be reported on the revised Idaho death certificate. Race and ethnicity data beginning in 2003 are not comparable with race and ethnicity data prior to 2003. For decedents with multiple races, the races were bridged to a single race category; however, bridged-race data are not available for persons who die out of state.

2005 final data values entered as best estimate of 2006

FIELD LEVEL NOTES

- 1. Section Number:** Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2008
Field Note:
Data based on 2005 Census estimates. 2006 data not available until July 2006. Asian include Native Hawaiian/Pacific islander; More than one race and other/unknown not included in Idaho census population estimates.
- 2. Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2008
Field Note:
Rate based on results from http://www.census.gov/hhes/www/cps/cps_table_creator.html using 2006 Current Population Survey estimates. Sample size yields unreliable estimates for all racial groups except white so are not included.
- 3. Section Number:** Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2008
Field Note:
Asian includes Native Hawaiian/Pacific Islander.

Rates not calculated for more than one race or other/unknown as base population estimate not available.

Number includes total number of individuals that were enrolled for any time period at all during the year.
- 4. Section Number:** Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2008
Field Note:
Number includes total number of individuals that were enrolled for any time period at all during the year.

Race codes in database default to "White" when left blank.
- 5. Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2008
Field Note:
Number includes total number of individuals that were enrolled for any time period at all during the year.
- 6. Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2008
Field Note:
Number includes total number of individuals that were enrolled for any time period at all during the year.
- 7. Section Number:** Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2008
Field Note:
Based on unique number of children served in PedNSS data for 2006.
- 8. Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2008
Field Note:
Based on 2005 arrest records as reported by the Idaho State Police.
Rates population count reported on first line.
Rates not calculated for Native Hawaiian/Pacific Islander, multiple race, or other/unknown because population estimate not available.
- 9. Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2008
Field Note:
Based on report from State Dept of Education for school year 2005-2006.
- 10. Section Number:** Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name:

Year: 2008

Field Note:

Rate based on results from http://www.census.gov/hhes/www/cpstc/cps_table_creator.html using 2006 Current Population Survey estimates. Sample size yields unreliable estimates for Hispanic, so are not included.

11. **Section Number:** Indicator 09B

Field Name: HSIEthnicity_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2008

Field Note:

Number includes total number of individuals that were enrolled for any time period at all during the year.

12. **Section Number:** Indicator 09B

Field Name: HSIEthnicity_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2008

Field Note:

Number includes total number of individuals that were enrolled for any time period at all during the year.

13. **Section Number:** Indicator 09B

Field Name: HSIEthnicity_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2008

Field Note:

Number includes total number of individuals that were enrolled for any time period at all during the year.

14. **Section Number:** Indicator 09B

Field Name: HSIEthnicity_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2008

Field Note:

Number includes total number of individuals that were enrolled for any time period at all during the year.

15. **Section Number:** Indicator 10

Field Name: Metropolitan

Row Name: Living in metropolitan areas

Column Name:

Year: 2008

Field Note:

Number living in metroplitan area for 2005 not available at entry June 2006

16. **Section Number:** Indicator 11

Field Name: S11_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2008

Field Note:

2006 Poverty level below 50% not available

17. **Section Number:** Indicator 11

Field Name: S11_100percent

Row Name: 100% of poverty

Column Name:

Year: 2008

Field Note:

Source: http://pubdb3.census.gov/macro/032006/pov/new46_001.htm

2005 data as best estimate of 2006

18. **Section Number:** Indicator 11

Field Name: S11_200percent

Row Name: 200% of poverty

Column Name:

Year: 2008

Field Note:

Source: http://pubdb3.census.gov/macro/032006/pov/new46_001.htm

19. **Section Number:** Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2008

Field Note:

Poverty rate below 50% not available

20. **Section Number:** Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2008

Field Note:

Percent for age 0-19 not available. Value entered is for under 18 years of age.

Source: http://pubdb3.census.gov/macro/032006/pov/new46_001.htm

2005 data used as best estimate of 2006

21. **Section Number:** Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2008

Field Note:

Percent for age 0-19 not available. Value entered is for under 18 years of age.

Source: http://pubdb3.census.gov/macro/032006/pov/new46_001.htm

22. **Section Number:** Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2008

Field Note:

Source data treats Hispanic as separate race. Counts are estimates based on distribution of Hispanic total across races proportional to overall total.